

# Protecting Community Members From Tobacco Hazards



Board of Health  
Carlisle MA  
Fall 2013

## RESOURCE MANUAL FOR

- Fire and Police
- First Responders
- Council on Aging
- Churches
- Multi-unit Housing Managers
- Service Providers and Businesses
- Other Stakeholders





Town of Carlisle  
Office of  
BOARD OF HEALTH  
66 Westford Street  
Carlisle, MA 01741

Tel.: (978) 369-0283  
Fax: (978) 369-4521

### Author

Information provided in the manual was researched and compiled by:  
Terry G. Curran, LSW.

### Acknowledgements

This manual was produced with funding received by the Carlisle Board of Health from the Community Transformation Grant, coordinated by the Massachusetts Department of Public Health and the Metropolitan Area Planning Council. The content of this manual reflects the views of the author and does not necessarily reflect the views or policies of the sponsors.

The project received support and guidance from the following groups. The Board of Health is grateful for their invaluable contributions:

Carlisle Council on Aging  
Carlisle Fire Department  
University of Massachusetts Lowell Center for Sustainable Production

For more information contact:

Linda Fantasia  
Carlisle Board of Health  
Carlisle, Massachusetts  
Phone: 978-369-0283  
Email: [lfantasia@carlisle.mec.edu](mailto:lfantasia@carlisle.mec.edu)

The Carlisle Board of Health encourages you to read through this Resource Manual and share its health and safety information with others. The information is also available on the Board of Health website at [www.carlislema.gov](http://www.carlislema.gov).

This work is educational only and does not constitute legal or professional advice.



Town of Carlisle  
*Office of*  
**BOARD OF HEALTH**  
66 Westford Street  
Carlisle, MA 01741

Tel.: (978) 369-0283  
Fax: (978) 369-4521

## Introduction

The mission of the Carlisle Board of Health is to promote and protect the health in the community. The Board of Health has developed this Resource Manual on “Protecting Community Members from Tobacco Hazards” for the purpose of educating diverse stakeholders.

The project was funded by the Community Transformation Grant coordinated by the Massachusetts Department of Public Health and the Metropolitan Area Planning Council.

Health effects associated with smoking and second-hand smoke are well-characterized: it is recognized as a cause of asthma, multiple cancers, heart disease, stroke, and chronic obstructive pulmonary disease. It is the number one cause of preventable deaths in the country. In addition to the health disabilities and deaths caused by tobacco use, there are also the impacts from exposure to second hand smoke for non-smokers and fire related deaths and injuries.

CDC estimates that about 1 million persons in the US receive long-term oxygen therapy through Medicare, most often for smoking-related lung disease.<sup>7</sup> Fires involving oxygen and smoking are well documented in the literature; increased oxygen means that any fire that occurs will burn faster and hotter. These fires result in death or severe hazards for not only the smoker, but other building occupants, in-home workers, and fire fighters as well. The Massachusetts Department of Fire Services cites that in 2010 alone there were 7 severe incidents (in MA) involving oxygen fires, and all involved smoking.<sup>11</sup> This is a great concern in multi-unit housing and in a town that relies on a volunteer-staffed Fire Department.

This project was undertaken by the Carlisle Board of Health to provide guidance for policies and strategies to increase the availability of multi-unit tobacco-free housing for senior residents, including advocating bans and restrictions and promoting smoking cessation programs. This work will address legal issues by making landlords and town officials aware that they have the legal right to ban smoking in multi-family housing. It will help to reduce fire risks associated with oxygen device and smoking which does not receive much public scrutiny and it will reduce the exposure to second hand smoke particularly for home health workers who regularly attend to seniors in their homes. This project will serve future housing needs in Carlisle and will serve as a model for other communities.



# History of Tobacco

Tobacco is a native plant of North and South America classified in the same family as the potato and pepper. It is believed that as early as a thousand years ago American Indians grew tobacco and used it for religious and medical practices.

American Indians introduced Christopher Columbus to the tobacco plant. Sailors brought the plant back to Europe where it gained popularity. The scientific name for tobacco, *nicotiana*, and the addictive drug in tobacco nicotine, come from the Frenchman Jean Nicot who promoted tobacco as a cure for almost any ailment including cancer.

When the Spanish reached the West Indies they grew tobacco and exported it to Europe. In the 1600's tobacco was so popular it was used as money. It was as good as gold. Some members of society recognized the dangerous and addictive effects of tobacco. The Pilgrims believed it was immoral to smoke in public.

John Rolfe is credited as the first American settler to raise tobacco in Jamestown Virginia. Tobacco continues to this day to be a cash crop for Virginia and the Carolinas.

In 1760, Pierre Lorillard established a company in New York City to process tobacco for pipes or chewing, cigars, and snuff. Today, P. Lorillard is the oldest tobacco company in the U.S.

Tobacco helped finance the American Revolution by serving as collateral for loans the Americans borrowed from France. Scientists of the day began to understand the chemicals in tobacco and the dangerous health effects of smoking and chewing tobacco. In 1826 the pure form of nicotine was discovered and scientists labeled nicotine as a poison that can kill a man.

The popularity of tobacco continued. In 1847 Phillip Morris was established and started selling hand rolled cigarettes. These gained in popularity during the time of the Civil War. R.J. Reynolds Tobacco Company was founded in 1875. In 1884 James Bonsack perfected the cigarette manufacturing machine. The hand production of 2000 cigarettes a day increased to 120,000 cigarettes a day. Bonsack joined partnership with tobacco farmer Washington Duke, himself a nonsmoker. Together their factory produced 10 million cigarettes in its first year and 1 billion by year five. Duke went on to develop crush proof packaging, introduced brand names and promoted the persona of smoking and glamour. In 1892 safety book matches were developed. These new safety matches were free and made lighting up easier and less dangerous. The consumption of cigarettes spiraled.

During these same years there was a growing anti-tobacco campaign, though it had little momentum.

The use of cigarettes exploded during World War I (1914-1918), when cigarettes were called the "soldier's smoke". Starting in 1925 tobacco companies began marketing cigarettes brands specifically to women. During World War II (1939-1945), cigarette sales were at an all-time high. Cigarettes were included in a soldier's C-Rations. Tobacco companies sent millions of free

cigarettes to the soldiers. When these soldiers came home, the companies had a steady stream of loyal customers.

In the 1950's evidence linked smoking to lung cancer, a statement that the tobacco industry disputed. The industry advertised cigarettes as filtered, low in tar and safe.

During the 1960's the health hazards of tobacco were reported. In 1964 the Surgeon General Luther L. Terry released his report on "Smoking and Health". In 1971 tobacco ads were taken off American TV. The first Great American Smokeout took place in 1971. In 1979 Surgeon General Julius Richamond released his report on the health consequences of smoking for women. Every Surgeon General since has campaigned against smoking.

During the 1980's more and more medical information was connecting tobacco use to the increased numbers of cancers and heart disease. The dangers of second hand smoke were recognized. Airlines began banning smoking on flights.

In 1989 the cigarette companies reported profits of 7.2 billion. At the same time statistics revealed that cigarette smoking is the most devastating and preventable cause of disease and premature death in the world. One out of every five people will die related to tobacco use and second hand smoke. This includes heart disease, cancers, lung diseases and multiple other diseases.

In 2003 the World Health Organization got the support from 168 countries to sign the Framework Convention on Tobacco Control. The Convention is designed to push for effective legislation and its enforcement in all countries to reduce the harmful effects of tobacco.

Despite all the evidence linking smoking to increased health risks and deaths, Americans continue to smoke. Smoking and tobacco use are difficult addictions to give up, though many Americans have quit. The numbers of quitters combined with the numbers of those who die as a result of smoking are an ongoing problem for the tobacco industry. The industry needs to recruit thousands of new smokers every day simply to maintain sales. In the US the tobacco industry is aggressively marketing tobacco and candy flavored tobacco products to youth and the less well-educated Americans. Abroad the industry is skillfully targeting Asia, Eastern Europe and Third World countries for increased exports of tobacco products.

In recent, years, there is growing evidence that the tobacco industry has known all along that their products are addictive and harmful but continued and continue to market and sell them.

Tobacco Biology and Politics Stanton A Glantz, PhD  
History of Tobacco: Boston University Medical Center  
The History of Tobacco [www.historian.org](http://www.historian.org)  
The History of Tobacco [www.healthliteracy.world.org](http://www.healthliteracy.world.org)  
The History of Tobacco [www.who.int/tobacco.org](http://www.who.int/tobacco.org)  
American Lung Association: [www.lung.org](http://www.lung.org)



## Tobacco: Health and Safety

Tobacco use in all its various forms is an addictive behavior. It remains the single largest preventable cause of diseases and premature deaths in the United States. Despite all the evidence available to support the health risks associated with tobacco products, Americans continue to smoke and chew tobacco products. Though it may initially be stressful and difficult, tobacco users can quit and stay quit. Giving up tobacco can reverse the ill health effects on one's heart, lungs and respiratory systems. Quitting at any age improves health and increases the chances of living a longer and healthier life. Health providers, medical insurance companies and the Massachusetts Department of Public Health are primary resources for tobacco cessation programs.

More and more evidence has linked second hand smoke to death and diseases of nonsmokers including adults, pregnant women, children, newborns and unborn babies. Second hand smoke is the combination of smoke from a burning cigarette, cigar or pipe and the smoke exhaled by the smoker. Second hand smoke is retained in clothing, hair, and household items like curtains and furniture. There is no risk-free level of second hand smoke; this has prompted more regulations promoting smoke free housing, restaurants, work places and outdoor areas.

Evidence continues to link the dangers of second hand smoke to pets. Pets of smokers have an increased chance of developing cancers, lung diseases, eye irritation, lethargy and depression as the result of second hand smoke exposure.

Smoking is a safety risk. Smoking is the leading cause of residential fires and the number one cause of fires deaths in the US. These fires not only affect the smoker but those living in the home and in the neighborhood. Most of these fires start with a lit cigarette on a bed, in the furniture or in the trash. If one does smoke, it is imperative to practice fire safety. Smoking materials should not be left unattended. Never smoke while feeling drowsy. Never smoke in bed. Always make sure cigarettes or cigars are properly extinguished.

Propane is a highly flammable gas. Propane tanks are designed and built to prevent any leakage of propane in the air around the tank. If you have propane tanks, know how to check for propane leaks. In the event that the tank becomes faulty or the valve is opened to let gas escape into the air, there is a risk of explosion triggered by cigarettes, cigars or tobacco pipes.

Smoking and home safety is of even greater concern as the number of patients using portable medical oxygen increases. Smoking and home oxygen are a dangerous mix, causing oxygen fires that are a major public health concern. There is no safe way to smoke if there is oxygen in the home.



## Chemicals in a Cigarette

Here are just a few chemicals in cigarettes.  
There are more than 4,000 substances found in cigarettes.



Chemicals Added	Often Found In
Carbon Monoxide, a poisonous gas	Car Exhausts
Nicotine	Pesticide
Ammonia	Floor Cleaner
Arsenic	Ant Poison
Butane	Lighter Fuel
Hydrogen Cyanide	Poison Used in Gas Chambers
Toluene	Industrial Solvent
DDT	Insecticide
Acetone	Nail Polish Remover, Paint Stripper
Cadmium	Car Batteries
Methanol	Rocket Fuel
Formaldehyde	Preservative for Dead Bodies
Hydrazine	Rocket & Jet Engine Fuel
Vinyl Chloride	PVC Pipes
Nitric Acid	Fertilizers, Explosives & Dyes
Naphthalene	Moth Balls

## Fighting For Air

American Lung Association of the Northeast

Phone: 1-800-LUNG-USA | Helpline: 1-800-LUNG-USA (Option 2) | Web: [LungNE.org](http://LungNE.org)



## Health Effects of Cigarette Smoking

**Cancer:** The risk of dying from lung cancer is more than 22 times higher among men who smoke and about 12 times higher among women who smoke compared with never smokers. Cigarette smoking increases the risk for many types of cancer including cancers of the lip, oral cavity, pharynx, esophagus, pancreas, colon, larynx, lung, uterine, cervix, bladder and kidney.

**Cardiovascular Disease (Heart and Circulatory System):** Cigarette smokers are 2-4 times more likely to develop coronary heart disease than nonsmokers. Cigarette smoking approximately doubles a person's risk for stroke. Cigarette smoking causes reduced circulation by narrowing the blood vessels. Smokers are more than 10 times as likely as nonsmokers to develop peripheral vascular disease.

**Respiratory Disease and other Effects:** Cigarette smoking is associated with a ten-fold increase in the risk of dying from chronic obstructive pulmonary lung disease. About 90% of all deaths from COPD are attributable to cigarette smoking.

**Pregnancy:** Cigarette smoking has many adverse reproductive and early childhood effects, including an increased risk for infertility, preterm delivery, stillbirth, low birth weight, and sudden infant death (SIDS).

**Postmenopausal:** Postmenopausal women who smoke have lower bone density than women who have never smoked. Women who smoke have an increased risk for hip fracture than never smokers.

**Youth:** Every day, another 1,500 kids become daily smokers, and one-third of them will die prematurely as a result of getting hooked. Because a child's body is still growing, teens and youth are vulnerable to its deadly effects. Smoking by children and adolescents hastens the onset of lung function decline during late adolescence and early adulthood and is related to impaired lung growth, chronic coughing, and wheezing. Tobacco can affect youth activities and athletic performance. Tobacco narrows blood vessels and puts a strain on the heart. It also leads to lack of oxygen and shortness of breath. Smokers run slower and can't run as far as nonsmokers. Girls who smoke are more likely to grow excess facial hair. Teens who smoke break out more. Teens who smoke are more likely to catch a cold than people who don't. Teenagers who smoke have significantly more trouble sleeping than those who do not smoke. 1 out of every 3 young people who become regular smokers will die of a smoking related disease.

American Cancer Society: [www.lung.org](http://www.lung.org)

Tobacco Free Kids: [www.tobaccofreekids.org](http://www.tobaccofreekids.org)

# Tobacco and Older American

As the baby boomer generation become seniors, the number of older Americans is on the rise. Older smokers are at greater risk from tobacco related diseases and deaths because they have smoked for so long and tend to be heavier smokers. Of the US annually estimated 430,000 smoke related deaths, 94% are those persons over 50 years of age. Regardless of the warning against tobacco, older Americans continue to smoke costing Medicare billions and billions of dollars in smoke related health care. Some seniors underestimate the damage from smoking and are of the belief that smoking will not harm them. Others feel they have smoked for so long they cannot change a habit now or are unwilling to change. Smoking is like a good friend. And then there are those who feel with only a few years left to live why bother to stop smoking. Many hold onto the idea that quitting at this time in their life will not benefit their health.

Smoking is associated with cancers, heart diseases, respiratory diseases, and strokes. Tobacco use has been linked to hearing loss. Smokers and those living with smokers are more likely to suffer from hearing loss. Smokers are at greater risk of developing cataracts. Tobacco use has been linked to a more rapid mental decline and a greater decline in cognitive abilities than the decline rates in nonsmokers. Smokers are twice as likely to develop dementia and Alzheimer's disease. Smoking speeds the aging of the skin, causing facial wrinkling at younger ages, particularly in women. And smoking is the number one cause of fires that kill older persons.

Research indicates that quitting tobacco at any age offers health benefits. Older age is not a barrier to quitting. As a result of these finding more attention is being focused on tobacco cessation programs specific to the needs of seniors. With advice from physicians, the use of nicotine replacement therapies and support counseling, seniors can quit and stay quit.

Quitting may not be easy. It may take a couple of tries to be successful. It is never too late to quit smoking and start enjoying a new lease on life.

The Center for Social Gerontology Tobacco and the Elderly Project Inc: [www.tcsg.org](http://www.tcsg.org)  
Arkansas Geriatric Education Center: [www.agec.org](http://www.agec.org)  
Nicotine Research Center Mayo Clinic: [www.mayoclinic.com](http://www.mayoclinic.com)  
Surgeon General: [www.surgeongeneral.gov](http://www.surgeongeneral.gov)  
National Institutes of Health: [www.nih.gov](http://www.nih.gov)



## Smokeless Tobacco

Three percent of American adults are smokeless tobacco users. Young adults between the ages of 18-25 are the most common smokeless tobacco users. Smokeless tobacco users run the same risks of smokers including addiction, heart disease and cancers, but most specifically oral cancers. It can cause cancers that are most likely to develop at the site where tobacco is held in the mouth, but it may also include the lips, tongue, cheek, and throat. Each year about 30,000 Americans are diagnosed with oral and pharyngeal cancers, and more than 8,000 people die of these diseases.

There are two forms of smokeless tobacco: chewing tobacco and snuff. Chewing tobacco is usually sold as leaf tobacco. Users keep chewing tobacco in their mouths for several hours to get a continuous high from the nicotine in the tobacco. Snuff is a powdered tobacco that is put between the lower lip and the gum also referred to as “dipping.” Just a pinch is all that’s needed to release the nicotine, which is then swiftly absorbed into the bloodstream, resulting in a quick high. Holding an average-sized dip or chew in the mouth for 30 minutes gives the user as much nicotine as smoking four cigarettes.

Tobacco companies are producing and marketing flavored smokeless tobacco. Though it may taste like candy, some smokeless products contain the highest amounts of nicotine that can be readily absorbed by the body. Smokeless tobacco is not a safe substitute for smoking cigarettes.

Smokeless tobacco users may develop a condition called leukoplakia in which white spots form on the gums, inside of the cheeks, and sometimes on the tongue. It can be caused by the irritation from the tobacco juice, and the disorder can be considered pre-cancerous.

The use of smokeless tobacco is linked to heart disease as the increase the heart rate and blood pressure and may trigger irregular heartbeats. Smokeless tobacco permanently discolors teeth, causes bad breath, and may contribute to tooth loss. Smokeless tobacco contains a lot of sugar which forms an acid that may eat away the tooth enamel, causing cavities and mouth sores.

The National Cancer Institute has recommended that the public avoid the use of all tobacco products.

American Academy of Otolaryngology-Head and Neck Surgery: [www.entnet.org](http://www.entnet.org)

American Legacy Foundation: [www.legacyforhealth.org](http://www.legacyforhealth.org)

National Cancer Institute: [www.cancer.gov](http://www.cancer.gov)

The Substance Abuse and Mental Health Services Administration: [www.samhsa.gov](http://www.samhsa.gov)

# Electronic Cigarettes

E-cigarettes were first introduced in China in 2004. Today there are numerous companies producing E-cigarettes for retail and internet sales. In the United States E-cigarettes are gaining in popularity as an alternative to tobacco cigarettes, especially to youth who are attracted to its high tech appearance. An E-cigarette emits vapor, not smoke, and uses a battery, not a lighter. An electrical coil inside the device warms a replaceable cartridge that is soaked with nicotine. The coil vaporizes the nicotine, which is then inhaled by the user. Flavors such as chocolate, vanilla, strawberry, cherry, mint and tobacco can be added to the cartridge.

E-cigarettes are not regulated by the FDA. The exact amounts of nicotine and other added chemicals remain uncertain. During a limited study in 2009 the FDA did find levels of carcinogens and toxic chemicals, such as diethylene glycol (an ingredient used in antifreeze). In 2011 the CDC acknowledged that E-cigarettes appear to have far fewer of the toxins found in traditional cigarettes. Public health officials argue the long-term effects of this unregulated products are unknown and require more research.

E-cigarette companies promote their cigarettes as a safer product as they have less nicotine than tobacco cigarettes. These cigarettes allow people to mimic their traditional smoking behavior while inhaling the nicotine they crave without all the other harmful substances. E-cigarette advocates believe the E-cigarette is as a way to cut down on smoking or an aid to quit completely. There is though no data to date that E-cigarettes are an equal or better than nicotine replacement therapies such as the patches and gums.

The health risks associated with nicotine are well documented. No nicotine is good nicotine. For a healthier and safer life, it is best to say no to all nicotine products including electronic cigarettes.

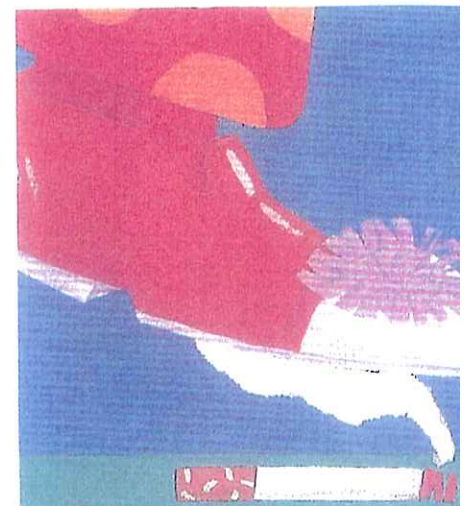
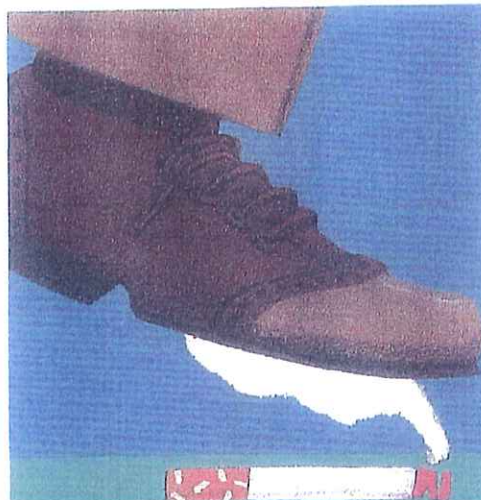
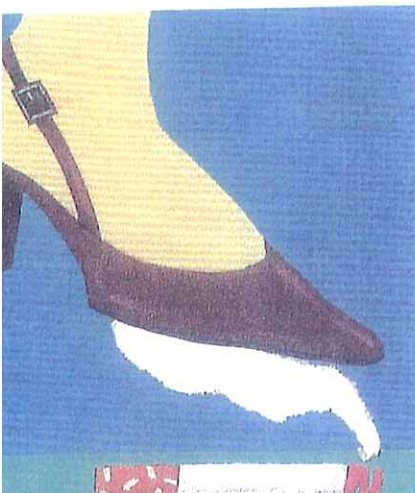
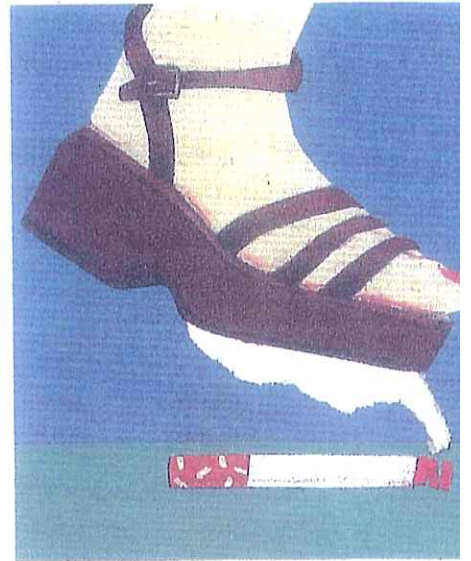
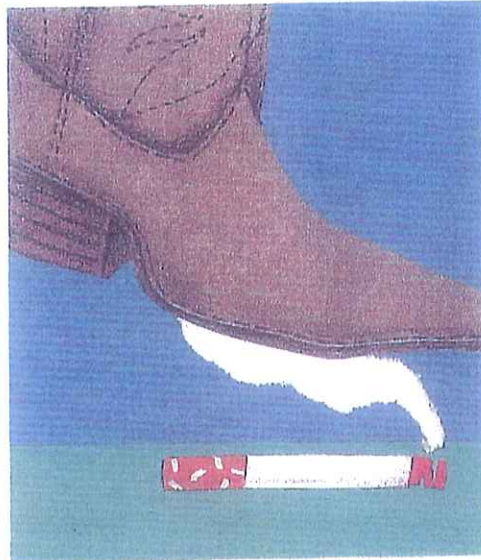
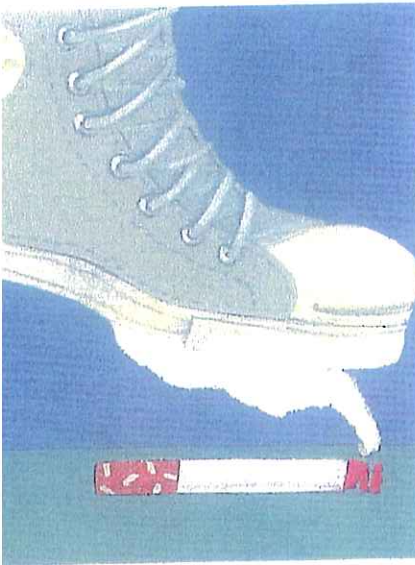
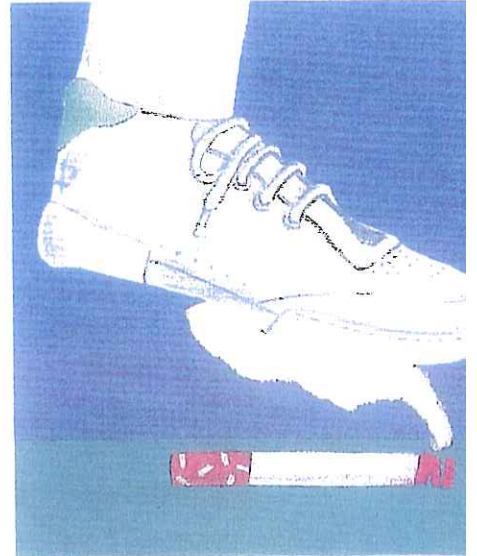
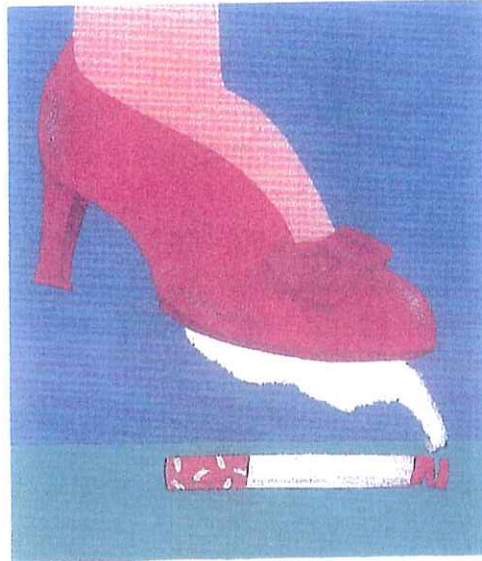
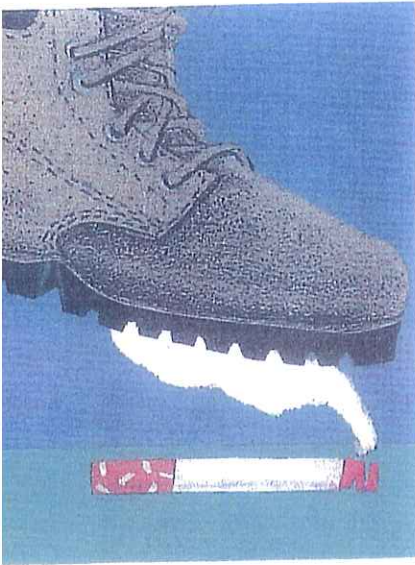
Centers for Disease Control and Prevention: [www.cdc.gov](http://www.cdc.gov)

Mayo Clinic: [www.mayoclinic.com](http://www.mayoclinic.com)

U S Food and Drug Administration: [www.fda.gov](http://www.fda.gov)



# Take Control



## Health Benefits of Quitting Smoking

**20 minutes after quitting:** Heart rate drops.

**12 hours after quitting:** The carbon monoxide level in blood drops to normal.

**2 weeks to 3 months after quitting:** Circulation improves and lung function increases.

**1 to 9 months after quitting:** Coughing and shortness of breath decreases, cilia (tiny hair like structures that move mucus out of the lungs) regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection.

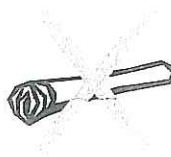
**1 year after quitting:** The excess risk of coronary heart disease is half that of a smoker.

**5 years after quitting:** Stroke risk is reduced to that of a non-smoker 5-15 years after quitting.

**10 years after quitting:** The lung cancer death rate is about half that of a continuing smoker's. The risk of cancer of the mouth, throat, esophagus, bladder, cervix and pancreas decreases.

### Visible and Immediate Rewards of Quitting:

- Premature wrinkling of the skin
- Bad breath
- Stained teeth
- Gum disease
- Bad smelling clothes and hair
- Yellow fingernails
- Food tastes better
- Sense of smell returns to normal
- Ordinary activities no longer leave you out of breath





## Smoking Cessation Assistance

MA Tobacco Cessation & Prevention Program: [www.makesmokinghistory.org](http://www.makesmokinghistory.org)

QuitWorks: [www.quitworks.org](http://www.quitworks.org)

American Cancer Society: 1-800-ACS-2345 [www.cancer.org](http://www.cancer.org)

American Lung Association: 1-800-lung-usa [www.lungusa.org](http://www.lungusa.org)

American Heart Association: [www.americanheart.org](http://www.americanheart.org)

Nicotine Anonymous: [www.nicotine-anonymous.org](http://www.nicotine-anonymous.org)

Veteran Affairs: [www.publichealth.va.gov/smoking](http://www.publichealth.va.gov/smoking)

Web-based help: [www.quitnet.org](http://www.quitnet.org)

NeedyMeds: [www.needymeds.org](http://www.needymeds.org)

## How to Cope with Craving

The most severe craving last no more than 10 minutes and becomes less frequent and less intense as time goes on.

### 4D's:

**Delay:** The strongest craving lasts on a few minutes. Simply waiting helps. Just remind yourself to wait and it will pass.

**Distract/Do something:** Doing something that changes your physical state, energy level and thoughts will help the craving disappearing.

**Deep Breath:** Various forms of deep breathing are very effective.

**Drink Water:** This satisfies a craving. Water also helps clear the body of nicotine and other toxins.



### 3 R's:

**Remember:** Always remember the reason for quitting.

**Refuse:** Do not give into negative thoughts. Smoking is not an option.

**Rehearse:** Be prepared for difficult situations. In a difficult situation do something other than smoking.



# Private Health Insurance Quit-Smoking Coverage

Over 100 health insurance companies serve the residents of Massachusetts. The list below summarizes how some of the largest private health plans in the state help smokers quit. Health plan coverage often changes, so you should call the customer information phone number on the back of your health insurance member card to find out what kind of benefits you have that can help you quit smoking.

## Blue Cross Blue Shield

- **Medications covered:** Medications covered: Most Blue Cross Blue Shield of Massachusetts pharmacy plans cover nicotine replacement therapy (NRT) products, such as a nicotine patch, nicotine gum, and prescriptions like Zyban and Chantix. Coverage depends on individual benefit design and all applicable co-payments apply. To use your pharmacy benefit for smoking-cessation products (including over the counter aids), you should contact your doctor for a prescription. If you have questions about your pharmacy coverage, call Member Service at the number on your ID card for more information.
- **Counseling support covered:** Blue Cross Blue Shield encourages members to use 1-800-QUIT-NOW (1-800-784-8669). The multi-session telephone counseling service has experienced counselors who will help set a date, prepare for quitting, and give helpful advice and support along the way. It also provides educational materials to those not quite ready to quit but working towards quitting. The service is provided by the Massachusetts Department of Public Health. Blue Cross Blue Shield of Massachusetts' members can use MyBlueHealth through Member Self Service (MSS) on [www.bluecrossma.com](http://www.bluecrossma.com) to access a variety of online wellness programs and resources including Ready Set Stop, a 6-week online smoking cessation module. The program reflects the latest clinical practice guidelines and relies heavily on the core principles of behavior change. Members and non-members can also use the smoking and tobacco resource center, an online resource with information to support you as you quit.
- **Which members are covered:** Drug benefit coverage depends on your individual benefit design.
- **For more information:** Ask your plan administrator or call Member Service at the phone number on your ID card for more information about your plan benefits. Visit Blue Cross Blue Shield's website and click on "Living Healthy Smoke Free" at the bottom of the page.
- Questions to ask your health plan

## Fallon Community Health Plan

- **Medications covered:** All Fallon Community Health Plan members can receive nicotine replacement therapy (NRT) products, such as a nicotine patch or nicotine gum, at a discounted price while participating in the Quit To Win program. The Quit To Win program offers weekly meetings or weekly telephonic support sessions. MassHealth members receive the patches (or gum) for free. Prescriptions to help stop smoking are covered for most members with commercial plans. Members participating in FCHP MassHealth or Fallon's Commonwealth Care type 1 plan should contact their Customer Service Department (1-800-868-5200 or TDD/TTY: 1-877-608-7677) with questions on prescription drug coverage.
- **Counseling support covered:** Quit to Win, FCHP's tobacco treatment program, offers support meetings where they will help you develop a personalized stop-smoking plan. Group counseling (support) sessions are available in four locations: Auburn, Leominster, Spencer, and Worcester. Phone counseling is also available.
- **Which members are covered:** All members receive the counseling and NRT benefit. Prescription coverage varies by plan. If you are a MassHealth member, your benefit may be different; see information on the public insurance page of this website.
- **For more information:** To learn more about your stop-smoking options and coverage, call (508) 368-9540 or (888) 807-2908, or email [QuitToWin@fchp.org](mailto:QuitToWin@fchp.org). More information is available online at [www.fchp.org](http://www.fchp.org)
- Questions to ask your health plan

## Harvard Pilgrim

- **Medications covered:** Harvard Pilgrim Health Plan covers prescription stop-smoking medicines for members with prescription coverage. These covered medicines may include nicotine replacement therapy such as the nicotine patch (by prescription) and prescription medicines such as Zyban (bupropion) or Chantix (varenicline). Pharmacy co-pays apply with annual limitations.
- **Counseling support:** Harvard Pilgrim's website has information about quitting smoking and lists support groups and classes. Visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org).
- **Which members are covered:** Benefits vary based on individual plans. Contact Harvard Pilgrim Health Plan's member services for information about your benefits. For more information: To learn more about your plan benefits, call member services at (888) 333-4742. You can email member services from Harvard Pilgrim's contact page or browse their website for more information, at [www.harvardpilgrim.org](http://www.harvardpilgrim.org).
- Questions to ask your health plan



## Health New England

- **Medications covered:** Members with a pharmacy benefit have coverage for nicotine patches, Zyban (90 days per 12 months), bupropion, Wellbutrin, and Chantix (60 tabs per 30 days, with a 90-day maximum per 12 months). A prior authorization (prescription) is required to receive this coverage.
- **Counseling support covered:** Health New England will pay \$50 towards a cessation (quit smoking) program for members with asthma, diabetes, cardiovascular disease, or who are pregnant. For more information and to obtain a voucher for a cessation program, call 413-787-4000 or 800-842-4464 ext. 3553. Some community-based support programs are listed at [www.healthnewengland.com/healthydirections](http://www.healthnewengland.com/healthydirections).
- **Which members are covered:** Members with a pharmacy benefit qualify for medication coverage. Members with asthma, diabetes, cardiovascular disease, or who are pregnant qualify for the quit smoking voucher. Benefits vary based on individual plans. Contact Health New England's member services for information about your benefits.
- **For more information:** To learn more about your stop-smoking benefit, call 413-787-4000 or 800-842-4464 ext. 3553. More information is available online at [www.healthnewengland.com](http://www.healthnewengland.com).
- Questions to ask your health plan

## Neighborhood Health Plan

- **Medications covered:** Neighborhood Health Plan covers stop-smoking medicines for members with prescription coverage. These covered medicines may include nicotine replacement therapy such as the nicotine patch or gum, and prescription medicines such as Zyban (bupropion) or Chantix (varenicline). Pharmacy co-pays apply.
- **Counseling Support covered:** Neighborhood Health Plan offers free expert counseling on the phone or in-person for up to 90 days for its members; no prescription or referral is needed to participate.
- **Which members are covered:** All members are eligible for free expert support (counseling). Members with prescription coverage are eligible for medication benefits. If you are a MassHealth or Commonwealth Care member, your benefit may be different; see information on the public insurance page on this website.
- **For more information:** To learn more about your plan benefits, call (617) 204-1447 or (800) 433-5556, extension 1447 anytime Monday through Friday from 8:30 a.m. to 4:30 p.m. You can also email [QuitSmoking@nhp.org](mailto:QuitSmoking@nhp.org). More information is available at [www.nhp.org](http://www.nhp.org).
- Questions to ask your health plan

## Tufts Health Plan

- **Medications covered:** Members with a pharmacy benefit may be reimbursed for stop-smoking prescription medications, such as Chantix and Zyban Bupropion, if they can show proof of participation in a quit-smoking program. Coverage is limited to a maximum of a 12-week supply. Members also receive 40% off over-the-counter nicotine replacement therapy (NRT) products, such as a nicotine patch or nicotine gum, when they buy them online at [www.HealthyRoads.com](http://www.HealthyRoads.com).
- **Counseling support covered:** All Tufts Health Plan members receive 30% off smoking cessation (quitting) classes offered at participating hospitals. Present your Tufts Health Plan ID card when you register. A list of participating hospitals that may offer quit smoking classes is located at [www.tuftshealthplan.com](http://www.tuftshealthplan.com).
- **Which members are covered:** Benefits vary based on individual plans. Contact Tufts Health Plan's member services for information about your benefits.
- **For more information:** For more information about your HMO, EPO, or POS plan benefits, contact member services at (800) 462-0224. For more information about your PPO plan benefits, contact member services at (800) 423-8080.
- Questions to ask your health plan

Massachusetts Dept. of Public Health: [www.mass.gov/dph](http://www.mass.gov/dph)



## Public Health Insurance Quit-Smoking Coverage

Public health insurance plans provide health insurance at a lower cost for eligible individuals, children, families, seniors, and people with disabilities. In Massachusetts, public health plans include MassHealth (Medicaid), Commonwealth Care, and Medicare.

Each of the Massachusetts public health plans offers coverage for quit-smoking medicines and counseling. Look at the listings below to get more details about which benefits are covered.

### MassHealth and Commonwealth Care

**MassHealth** pays for health care for certain low- and medium-income people living in Massachusetts, including a program for individuals who are HIV positive. To see if you might qualify for MassHealth, call 1-888-665-9993 or visit [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

**Commonwealth Care** connects uninsured Massachusetts residents with affordable health insurance. To qualify, your income must be less than 300% of the federal poverty level and you must meet other requirements. Learn more at [www.mass.gov](http://www.mass.gov) or call 1-877-MA-ENROLL.

### Stop-smoking Medicines

MassHealth and Commonwealth Care cover stop-smoking medicines for your usual co-pay.

- nicotine patch
- nicotine gum
- nicotine lozenge
- pill (bupropion or Chantix)

### Counseling

- MassHealth and Commonwealth Care cover counseling for free or for your usual co-pay.

There are five Commonwealth Care plans. Check with your insurance company for more information:

- **Boston Medical Center HealthNet Plan:** Call 1-800-792-4355 or visit online at [www.bmchp.org](http://www.bmchp.org).
- **CeltiCare Health Plan of Massachusetts:** Call 1-866-895-1786 or visit online at [www.celticarehealthplan.com](http://www.celticarehealthplan.com).
- **Fallon Community Health Plan:** call 1-800-868-5200 or visit online at [www.fchp.org](http://www.fchp.org).
- **Neighborhood Health Plan:** Call 1-800-462-5449 or visit online at [www.nhp.org](http://www.nhp.org).
- **Network Health:** Call 1-888-257-1985 or visit online at [www.network-health.org](http://www.network-health.org).

## Medicare

Medicare is a health insurance program for people age 65 or older and people under age 65 with certain disabilities. For more information call Medicare customer service at 1-800-MEDICARE (English and Spanish) or visit [www.medicare.gov](http://www.medicare.gov).

## Stop-smoking Medicines

Medicare Part D covers these FDA-approved prescription medications. No prior authorization is required.

- bupropion
- Chantix
- nicotine inhaler
- nicotine nasal spray

## Supplemental Insurance Coverage:

- If you are covered by MassHealth in addition to Medicare, MassHealth will cover the nicotine patch, nicotine gum, and nicotine lozenge. No prior authorization is required. Your usual co-pay applies.
- For other supplemental insurance coverage, check with your insurer.

## Counseling

Medicare Part B and Part D cover counseling for two quit attempts per year, a maximum of four sessions per quit attempt.

- Counseling must be provided by a qualified doctor or other Medicare-recognized practitioner.

If you have not been diagnosed with a condition caused by smoking, Medicare will pay the full allowable amount and you will have no out-of-pocket cost.

If you have been diagnosed with or exhibit symptoms of a tobacco-related disease, you are responsible for co-pay, co-insurance and unmet deductible.

Massachusetts Dept of Public Health: [www.mass.gov/dph](http://www.mass.gov/dph)

## Exercise Away the Urge to Smoke

The nicotine in tobacco products is as addictive as it gets. Cigarette smoking is part addiction to nicotine and part habit, born out of many years of associating smoking with every activity of daily living. Quitting is difficult, it may involve a few attempts but it can be done. Various studies show that a regular exercise program can help stop smoking. Regular exercise can distract thoughts of smoking and reduce therefore the urge to smoke. Exercise can help with the physical and psychological aspects of nicotine addiction. Studies show that withdrawal symptoms and cigarette cravings decrease during exercise and up to 50 minutes afterwards. Exercise is known to decrease appetite which helps limited any weight gain associated with tobacco cessation. Regular exercise makes one feel more energetic, can improve one's mood and can help cope with the early stresses of tobacco cessation.

Smokers often experience shortness of breath with physical activity. After you've quit, you'll probably notice exercising becomes easier as your lung function gets better.

It is best to plan out an exercise program that will keep you on course and help stay motivated.

- Set aside a regular time for exercise — find a time that works well for you.
- Aim for at least 30 minutes of moderate-intensity physical activity on most days of the week.
- Make exercise a priority, and put it on your schedule. If you can't set aside the recommended 30 minutes, you can exercise in 10-minute sessions.
- It may make it easier to stick to your plans if you sign up for a class or arrange to exercise with someone else.

There are many forms of exercise. Make sure your exercise program involves activities that you can confidently do. Start slowly, and build up to more frequent or more intense exercise.

- Walking is one way of getting more physical activity. Gradually lengthen your walks and step up the pace.
- Think about other activities that you might enjoy, like biking, swimming, dancing, yoga — just about any sports activity will help.
- Housework and gardening provide exercise benefits, too. Playing music you enjoy will help you step up the pace.
- Plan activities that involve physical activity like hiking

Exercise activities can be done indoors as well.

- Deep-knee bends.
- Walking up and down a flight of stairs.
- Alternate between relaxing and tensing muscles while sitting.
- Floor or wall pushups.

Some people find that they really enjoy exercise, but others find it difficult to stick to an exercise routine. Boredom often settles in after a while. Change your routine, or your form of exercise. Don't give up. Keep at it; it has its rewards....a healthier you.

The American Lung Association: [www.lung.org](http://www.lung.org)  
Everyday Health: [www.everydayhealth.com](http://www.everydayhealth.com)



## Active Living Mobile Phone Apps

Many “apps” are available for your computer or mobile phone to help you to track your physical activity, discover new workouts, and reach your fitness goals.

### **Jetfit**

This workout app gives you access to an exercise database and lets track your workouts, body statistics and lifting progress.

*Cost: Free, paid upgrade Available on: iPhone, Android, online*

### **Nike+ GPS**

This app lets you map your runs, and track your progress. The Nike+ Running app tracks distance, pace, time and calories burned with GPS, giving you audio feedback as you run. Automatically upload to [nikeplus.com](http://nikeplus.com) to see your runs, including your route and elevation. Post the start of your run to Facebook or Path and hear real-time cheers for each like or comment you receive. Activate a power song to help motivate you during your workout. The App also gives you positive feedback from some of Nike’s top athletes.

*Cost: Free Available on: iPhone, Android*

### **My Fitness Pal**

This calorie counter app helps you to reach your weight loss goals. Set a daily calorie goal, and then record your daily food and exercise to make sure you stay on track. The app gives you full mobile access to your [MyFitnessPal.com](http://MyFitnessPal.com) account, so you can log your food and exercise from anywhere. All changes made on your iPhone will be synchronized with the website and vice versa.

*Cost: Free Available on: iPhone, online*

### **iMapmyrun (imapmyfitness, imapmyride)**

MapMy is a fitness tracking application that enables you to use the built-in GPS of your mobile device to track all of your fitness activities. Record your workout details, including duration, distance, pace, speed, elevation, calories burned, and route traveled on an interactive map. You can save and upload your workout data to any of the MapMyFITNESS websites where you can view your route workout data, and comprehensive workout history.

*Cost: Free Available on: iPhone, online*

### **Runkeeper**

The RunKeeper mobile running app lets you track your workout performance over time, while connecting with your friends to make your workouts social. The app includes GPS activity tracking (as well as manual activity tracking), audio Interval Cues, iPod integration, activity sharing on Twitter and Facebook. You can easily sync data RunKeeper.com.

*Cost: Free Available on: iPhone; Android, online*

### **Healthy Steps Pedometer**

The Healthy Steps Pedometer allows you to track the distance, length, and speed of your workouts — and your progress over time — to make the most of your workouts and reach your health goals. You can track where you are, using the GPS-enabled map, follow the path of Independence Blue Cross-sponsored walks and runs with pre-loaded routes, customize the app with your gender, height, and weight to get calories burned, share your workout status with friends using integrated social media sites, and learn your BMI, daily hydration needs, and other facts with a host of health calculators.

*Cost: Free Available on: iPhone; Android*

## Tobacco Cessation and Healthy Eating

Fear of weight gain prevents many people from quitting smoking. Nicotine suppresses normal appetite signals, but you can re-learn how to eat. Learn to "listen" to your body's signals of true hunger and fullness. It makes sense to eat more of the healthy foods that will lessen your smoking cravings. It also makes sense to avoid those foods and substances that will only increase your cravings.

A 2012 study published by public health researchers at the University of Buffalo found that eating fruits and vegetables could help smokers quit. The study showed that smokers who ate more fruits and vegetables were three times more likely to stay tobacco-free for at least 30 days. It is possible that some fruits and vegetables have nutrients that can help balance intestinal flora and limit weight gain. Foods that have been shown to both increase your health and help to lessen cravings include:

- Fruits, especially apples
- Vegetables, especially carrot and celery sticks
- Unbuttered popcorn
- Lean meats
- Fish
- Drinks such as water, tomato juice or tea.

It is also recommended that you:

- Eat moderate portions spread out through the day across 3 or more meals for the best digestion.
- Eating breakfast is critical to stabilize brain chemistry and prevent late-day carbohydrate cravings.
- Try not to go longer than 2 to 4 hours without a meal or snack. This prevents you from getting too hungry.
- Respond to your cravings if you have them, but with small portions. Restricting food triggers binges and causes guilt. Don't put foods in "good/bad" categories.
- Emphasize unprocessed, whole foods, like whole grains and fresh fruit. These foods will keep your blood sugar stable and help your mood, too.
- Specific chemicals in ex-smokers' brains cause cravings for fats. Include a little fat or healthy oils in your meals. Your body chemistry needs these foods, and they will keep you from feeling hungry again soon.
- Cravings gradually disappear as eating patterns normalize. Regular, moderate exercise is very helpful in this process.
- Choose foods that take a long time to chew to keep your mouth occupied.
- Commit to only eating when you are hungry, not when you are bored, upset or want a reward
- Unhealthy substances that will aggravate your cravings and will need to be minimized include foods or drinks high in sugar or fat and alcoholic beverages.



# Healthy Eating Apps

Many free or low-cost applications – or “apps” – are available for your computer or mobile phone to help you stick to a healthy eating plan and make better choices while shopping at the grocery store or eating out.

## **Fooducate**

Fooducate lets shoppers scan a product bar code in the grocery store for an instant read on a food’s health value, represented by a letter grade from A to D. Once a food has been scanned and recognized, the app offers healthier alternatives, and can compare two products side-by-side. The app counts not only nutrients, but also if those nutrients were added in processing, which results in a lower score. Sodium, sugar and saturated fats count against a food; fiber and naturally occurring nutrients count in a food’s favor.

*Cost: Free*

*Available for: iPhone, Android; online*

## **MyNetDiary**

This easy and fast calorie counter will help you lose weight, tailoring your diet to your personal preferences. The MyNetDiary Online Community helps you be successful, motivated, and consistent.

*Cost: Free online version, paid mobile version*

*Available for: iPhone, Android, Blackberry; online*

## **Restaurant Nutrition**

The Restaurant Nutrition application allows a user to easily view nutritional information about restaurant menus and track what they have eaten. The Restaurant Nutrition user can turn on diets to track calorie, carb, protein, and fat to help track and quantify their dieting progress. Each time a restaurant name appears in the program the map button near it can be touched to open the Maps application showing all the nearby restaurant locations.

*Cost: Free, paid upgrade*

*Available for: iPhone, Android*

## **ShopWell**

ShopWell is a free food information site that scores products on how well they meet your unique needs. With easy-to-understand nutrition information and customized product scores, ShopWell gives you easy tools to find better products for you and your family.

*Cost: Free*

*Available for: iPhone; online*

## **Locavore**

Locavore helps you to find local, in-season food. Pinpoint nearby farmers markets and farms.

Discover seasonal recipes.

*Cost: Free*

*Available for: iPhone*

## **SuperTracker**

Plan, analyze, and track physical activity and food consumption.

*Cost: Free*

*Available for: online*





# BEFORE YOU LIGHT UP, LOOK DOWN.

Children exposed to secondhand smoke are more likely to suffer from ear infections and asthma.

**Secondhand smoke hurts.**

## Protect your kids' health. Give them smoke-free lives.

### What is secondhand smoke?

- It is smoke that comes from a burning cigarette, cigar, or pipe.
- It can make children and adults sick.



### Secondhand smoke hurts kids.

- It has over 4,000 chemicals and poisons.
- It causes ear infections. Kids who breathe it have more ear operations.
- It is bad for the lungs. Kids who breathe it get coughs, bronchitis, and pneumonia more often.
- It gives kids with asthma worse attacks. They also have attacks more often.
- It can hurt pregnant women and their babies.



### Secondhand smoke is never safe.

- When you breathe it, you get the same bad air that smokers do.
- Smoke stays in your clothes, hair, and home—even after a cigarette is put out.
- You can not get rid of it by opening a window, sitting away from a smoker, or using air filters or a fan.

### Give your children smoke-free lives.

- Do not let anyone smoke around your kids.
- Do not smoke in your home or car.
- Ask friends and family not to smoke in your home or car.



Get **FREE** help to quit smoking at  
**-800-QUIT NOW (1-800-784-8669).**



## Second Hand Smoke

Second hand smoke, also known as environmental tobacco smoke (ETS), is a combination of the smoke from a burning cigarette, cigar or pipe and the smoke exhaled by a smoker. Many people find second hand smoke unpleasant, annoying, and irritating to the eyes and nose. More importantly, it is a dangerous health hazard that causes immediate harm to nonsmokers. Over 4,000 different chemicals have been identified in second hand smoke, and at least 43 of these chemicals cause cancer. According to Americans for Nonsmoker's rights, second hand smoke kills 53,000 non-smoking Americans every year. Secondhand smoke can cause or worsen diseases such as cancers, heart disease, stroke, diabetes, asthma and respiratory infections such as bronchitis.

Second hand smoke is especially harmful to pregnant women and to fetal development of organs such as the lungs and brain.

Exposure to second hand smoke is dangerous to children of all ages. It decreases lung efficiency and impairs lung function. It increases both the frequency and severity of childhood asthma. Secondhand smoke can aggravate sinusitis, rhinitis, cystic fibrosis, and chronic respiratory problems such as cough and postnasal drip. It also increases the number of children's colds and sore throats. In children under two, second hand smoke exposure increases the likelihood of bronchitis and pneumonia. Exposure to second hand smoke increases both the number of ear infections a child will experience, and the duration of the illness. Ear infections and middle ear fluid are the most common cause of children's hearing loss. Second hand smoke has been linked to childhood behavioral problems such as hyperactivity, aggression and depression. Even at a low exposure it may impair a child's reading, writing and cognitive skills.

New research suggests the dangers of "third hand smoke". Even after a cigarette, cigar or pipe has burned out, the dangers of tobacco smoke contamination remain toxic in clothing, hair, curtains, and furniture and in cars.

There is no safe level of exposure to second hand smoke or third hand smoke. Only a 100 percent smoke free environment effectively protects people from toxic smoke exposure.

To protect against second hand smoke do not allow anyone to smoke anywhere in or near your home. Allowing smoking near an open window or only in one room does not protect against the second hand smoke. Do not allow anyone to smoke in your car, even with the windows down. Make sure your children's day care is smoke-free. Make sure your children's schools are tobacco free for everyone at all times, including off hours and off campus events. Teach your children how to stay away from second hand smoke.

Environmental Protection Agency: [www.epa.gov](http://www.epa.gov)  
Americans for Nonsmoker's Rights: [www.no-smoke.org](http://www.no-smoke.org)



# Secondhand Tobacco Smoke and the Health of Your Family



## Make Your Home and Car Smoke-Free

Secondhand smoke is the smoke that comes from the burning end of a cigarette, cigar or pipe. Secondhand smoke can make you and your children sick.

## Dangerous

Everyone knows that smoking is bad for smokers, but did you know:

- Breathing in someone else's cigarette, pipe or cigar smoke can make you and your children sick.
- Children who live in homes where people smoke may get sick more often with coughs, wheezing, ear infections, bronchitis or pneumonia.
- Children with asthma may have asthma attacks that are more severe or occur more often.
- Opening windows or using fans or air conditioners will not stop secondhand smoke exposure.
- The U.S. Surgeon General says that secondhand smoke can cause Sudden Infant Death Syndrome, also known as SIDS.
- Secondhand smoke also can cause lung cancer and heart disease.

## Protect Your Family

- Make your car and home smoke-free.
- Family, friends or visitors should never smoke inside your home or car.
- Keep yourself and your children away from places where smoking is allowed
- If you smoke, smoke only outside.
- Ask your doctor for ways to help you stop smoking.

## Remember

Keeping a smoke-free home and car can help improve your health, the health of your children and the health of your community.





## Second Hand Smoke and Pets

Recent studies have concluded that tobacco and secondhand smoke are not only dangerous to people but also to pets. Pets inhale second hand smoke. They also lick up toxic chemicals, nicotine, tar and carcinogens that accumulate on their fur after the smoke in the air settles. They can also suffer consequences of accidentally eating tobacco products

By way of grooming habits, cats lick smoke particles trapped in their fur that makes them more susceptible to oral cancers. This is especially true for indoor cats. Cats exposed to second hand smoke are also susceptible to malignant lymphoma.

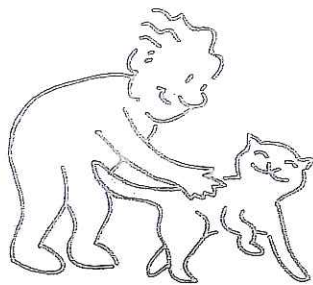
Dogs who breathe second hand smoke have increased incidents of nasal and lung cancers. Oral cancers are less of a canine issue as dogs are often outdoors and usually groomed by washing.

Other health risks for pets exposed to second hand smoke include eye and skin irritations, respiratory issues, lethargy and depression

Dogs and cats have a tendency to chew on anything. This may include discarded tobacco products. It only takes a small amount of nicotine to cause serious illness or even death to a pet.

A bird's respiratory system is hypersensitive to any type of pollutant in the air. The most serious consequences of secondhand smoke exposure in pet birds are pneumonia or lung cancer.

The surest way for pet owners to protect their pets from second hand smoke is to stop smoking.



Cummings School of Veterinary Medicine at Tufts University: [www.vet.tufts.edu](http://www.vet.tufts.edu)

Paws: [www.pawssf.org](http://www.pawssf.org)

Americans for Nonsmokers Rights: [www.no-smoke.org](http://www.no-smoke.org)

## Smoke-Free Housing

Secondhand smoke is not just a nuisance. It's a health hazard, and it is dangerous.

Nonsmokers who breathe secondhand smoke are called passive or involuntary smokers. The toxic chemicals in the secondhand smoke produce effects in nonsmokers similar to those smokers experience. Secondhand smoke is the third leading preventable cause of the death in the United States. Exposure to secondhand smoke can lead to lung cancer and heart disease in non-smoking adults and to lower respiratory infections, asthma, ear infections, and sudden infant death syndrome in children. Secondhand tobacco smoke is especially harmful to pregnant women and to fetal development.

In many states and communities regulations are in place that prohibit smoking in workplaces, restaurants and bars, public places, and most recently in housing. The only way to eliminate secondhand smoke in multi-unit housing is to ban smoking. Once present in an apartment, secondhand smoke can drift and linger in the air for hours. Tenants have the legal right to a safe, livable and smoke-free apartment. Smoke-free housing protects nonsmokers from involuntary exposure to the toxins in tobacco smoke, and also may have the added benefit of reducing tobacco consumption by smokers and increasing the number of smokers who quit.

Young people who live in households with tobacco-free policies are less likely to smoke than those who live in households in which people smoke.

More and more landlords and tenants are coming together both for health and financial reasons to establish smoke-free policies. Landlords can and are implementing smoke-free policies. Just like landlords can prohibit pets, they can prohibit smoking. Smoke-free policies are 100% legal. When current tenants renew their leases, the landlord simply has them sign a lease addendum that prohibits smoking. New tenants sign the addendum when signing their lease. Smoke-free policies are not discriminatory. Smokers are not a protected class. There is no right to smoke. Smoke-free policies are about the smoke, not the smoker. Landlords can still rent to smokers, so long as the tenant follows the smoke-free policy.

Condominium owners and residents are speaking out on the issues of secondhand smoke in their complexes. Condos are owned separately so addressing this problem can be challenging. Much of the decision-making power lies with the homeowners' association (HOA). The HOA, either through its elected board of directors or by a vote of the full membership, has the power to enact and enforce regulations controlling the use of property within the complex. This could include making a complex smoke-free. Condominium boards and associations may have to work through the legalities of smoke-free policies before full implementation.

For more information on smoke-free housing contact the Massachusetts Smoke-Free Housing Project at (617) 373-2026



## Smoke-free Housing Benefits to Landlords

Smoking in multi-unit buildings is a concern because secondhand smoke is not contained inside individual apartments. Secondhand smoke drifts into common areas and other apartments by seeping under doors, through kitchen and bathroom ventilation ducts, and through electrical wall sockets and light fixtures. Unwanted secondhand smoke can stay in the air for hours. As a result, nonsmoking tenants may be exposed at unsafe levels.

Secondhand smoke can best be described as toxic. Children are particularly vulnerable. Exposure to secondhand smoke causes bronchitis, pneumonia, asthma, and ear infections in children. Exposure to secondhand smoke also has been linked to Sudden Infant Death Syndrome.

The only way to prevent secondhand smoke is to completely ban smoking. As the public's awareness of secondhand smoke has increased, more and more tenants have sought out apartment buildings where smoking is prohibited. Many landlords have responded to the demand for smoke-free housing by prohibiting smoking in their buildings and on the premises. It is legal to prohibit smoking. To make their properties smoke-free, landlords have current tenants sign a No Smoking Lease Addendum when they renew their lease. New tenants sign a smoke-free lease. Smokers are welcome as long as they refrain from smoking while on the property.

Going smoke-free has financial benefits for landlords:

- Smoke-free housing attracts more tenants and decreases the turnover and vacancy rates.
- Smoke-free housing provides tenants with their legal rights to a safe and habitable dwelling
- Smoke-free housing reduces conflicts between smokers and nonsmokers.
- Smoke-free housing decreases landlord liabilities based on secondhand smoke.
- Smoke-free housing reduces the cost of property upkeep and repairs.
- Smoke-free housing reduces the number of smoking related fires.
- Smoke-free housing may reduce insurance premiums





**If you smoke, put it out.  
All the way. Every time.**

**Smoking & Home Fires: A campaign to prevent the #1 cause of home fire deaths.**

**United States Fire Administration** ■ 16825 South Seton Avenue ■ Emmitsburg, MD 21727  
[www.usfa.dhs.gov/smoking](http://www.usfa.dhs.gov/smoking) (English) ■ [www.usfa.dhs.gov/fumar](http://www.usfa.dhs.gov/fumar) (Spanish)

## Facts About Smoking and Home Fires

**Smoking is the number one cause of home fire deaths in the United States.**

Every year, men, women and children are killed in home fires caused by cigarettes and other smoking materials. Most victims of smoking-related fires never thought it could happen to them. These fires can affect not only the smoker, but others living in or next to the home at the time of the fire.

**You can make a difference.** The U.S. Fire Administration (USFA) is working to help prevent home fire deaths and injuries caused by smoking materials. Through this national fire safety campaign, the USFA along with partner organizations around the country will urge smokers to **Put It Out. All the Way. Every Time.**

**Did you know:**

- About 1,000 people are killed every year from smoking material home fires.
- People close to where a smoking material fire starts are harder to save, because the fire spreads fast.
- Most fires caused by smoking materials start on beds, furniture, or in trash.

**Of the fatal victims who were not the smokers:**

- Thirty-four percent were children of the smokers.
- Twenty-five percent were neighbors or friends of the smokers.
- One in four people killed in home fires is not the smoker whose cigarettes caused the fire.

**Fire caused by cigarettes and other smoking materials are *preventable*. Here's what you can do in your community:**

- Present these facts, tips and campaign materials to your community for use in newsletters, at meetings and at other events, such as bingo and open houses.
- Engage local media. The public needs to know that smoking is the #1 cause of home fire deaths in the United States. News stories about home fires caused by smoking should include tips listed in this fact sheet. Radio stations can run public service announcements (PSAs) by using PSA scripts developed for this campaign.

**SMOKING AND HOME FIRES ACTION STEPS:**

*If You Smoke, Smoke Outside*

Most home fires caused by smoking materials start inside the home. It's better to smoke outside.



**FEMA**

The U.S. Fire Administration is a division of the Federal Emergency Management Agency (FEMA) and is part of the U.S. Department of Homeland Security. FEMA coordinates the federal government's role in preparing for, preventing, mitigating the effects of, responding to, and recovering from all domestic disasters, whether natural or man-made, including acts of terror.

### *Wherever You Smoke, Use Deep, Sturdy Ashtrays*

Use ashtrays with a wide, stable base that are hard to tip over. If it wobbles, it won't work.

Ashtrays should be set on something sturdy and hard to ignite, like a table. If you smoke outside, put your cigarettes out in a can filled with sand.

*Make Sure Cigarettes and Ashes are Out*  
**Put It Out. All the Way. Every Time.** The cigarette really needs to be completely stubbed out in the ashtray.

Soak cigarette butts and ashes in water before throwing them away. *Never* toss hot cigarette butts or ashes in the trash.

### *Check for Butts*

Chairs and sofas catch on fire fast and burn fast. Don't put ashtrays on them. If people have been smoking in the home, check for cigarettes under cushions.

### *Never Smoke in a Home Where Oxygen is Used*

Never smoke while using oxygen or are anywhere near an oxygen source, even if it is turned off. Oxygen can be explosive and makes fire burn hotter and faster.

### *If You Smoke, Fire-Safe Cigarettes are Better*

Fire-safe cigarettes are less likely to cause fires. These cigarettes have banded paper that can slow the burn of a cigarette that isn't being used.

### *Be Alert*

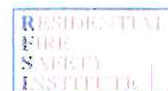
To prevent a deadly fire, you have to be alert. If you are sleepy, have been drinking, or have taken medicine that makes you drowsy, put your cigarette out first. Smoking in bed is just plain wrong.

### **GENERAL FIRE SAFETY FACTS:**

- Place properly installed and maintained smoke alarms on every level of your home.
- Get smoke alarms that can sound fast for both a fire that has flames, and a smoky fire that has fumes without flames. They are called "Dual Sensor Smoke Alarms."
- Check smoke alarm batteries at least once every year. You can use a familiar date such as when you change your clocks or your birthday as a reminder.
- Create an escape plan. Plan two ways to escape from every room. Practice the escape plan with everyone in the home.
- If at all possible, install residential fire sprinklers in your home.

**For more fire prevention information and campaign materials, visit [www.usfa.dhs.gov/smoking](http://www.usfa.dhs.gov/smoking) or contact:**

The United States Fire Administration · 16825 South Seton Avenue · Emmitsburg, MD 21727







## FACT SHEET

- The American Red Cross responded to more than 74,000 disasters in communities across the United States last year and 93 percent of these were fire related.\*
- The American Red Cross is responding to 10 percent more home fires today than it was six years ago.\*
- Nationally, the number of home fires is on the rise with the number of fires increasing 8 percent since 2000. The average cost of a home fire in 2006 was more than \$17,000.\*\*\*
- Eighty percent of Americans don't realize that home fires are the single most common disaster across the nation.\*
- Only 26 percent of families have actually developed and practiced a home fire escape plan.\*
- Fires kill more Americans each year than all natural disasters combined, and affect people from all backgrounds and geographic locations.
- In 2006, a home fire was reported every 80 seconds, and someone dies from a home fire every 204 minutes.\*\*\*
- Children under five and adults over 65 are more than twice as likely to die in a home fire than the rest of the US population.\*\*
- African Americans in this country are disproportionately affected by home fires, and account for 25 percent of all fire deaths while they represent less than 13 percent of the population.\*\*
- Cooking fires are the leading cause of home fires and home fire injuries. And, two out of three cooking fires start with the range or stove.\*\*\*
- Heating fires are the second leading cause of home fires.\*\*
- Smoking is the leading cause of home fire deaths.\*\*\*
- In 2005, 74 percent of home fire deaths occurred in homes with no smoke alarms or no working smoke alarms.\*\*\*
- Sprinklers and smoke alarms together cut your risk of dying in a home fire 82% in relation to having neither.\*\*
- Each year over 200 people die from carbon monoxide produced by fuel burning appliances in the home including furnaces, ranges, water heaters and room heaters.\*\*\*
- High-rise fires are more injurious and cause more damage than all other structure fires.\*\*\*

# Fire Safety for 65 Years and Older

**Americans between 65 and 74 are twice as likely to die in a fire.**

**Americans between 75 and 84 are four times likely to die in a fire.**

**Americans 85 years and older are five times likely to die in a fire.**

Fire prevention and safety can reduce the risk of injury and death from fire. Smoke alarms should be installed on every level of a home and checked monthly. Batteries should be replaced yearly. Every household should have two escape plans and each member of the household should know each plan. Plans should be practiced from every room of the home. In case of fire always have on your bed table eyeglasses to help you see, a whistle to alert others and a phone to call for help if you cannot escape.

**Smoking** is the leading cause of fires and deaths among people 65 years and older. Smoking is the second leading cause of injuries for this age group. If you must smoke, practice safe smoking. Never smoke when drowsy, when using alcohol or taking medications that makes you sleepy. Never smoke in bed. Don't leave lit cigarettes, cigars or pipes unattended and always make sure to snub a burning cigarette or cigar all the way out. Smoldering cigarettes and cigars can continue to burn for hours before a flare up fire will occur.

**Heating** is the second cause of fire deaths and third cause of injury among people 65 years and older. Space heaters, wood stoves and fireplaces should be used cautiously. Space heaters need space. Keep all material at least three feet from a heater. The best heater is one that automatically shuts off if it tips over. When using a fireplace, make sure there is a properly sized fire screen to keep flying sparks in the fireplace.

**Cooking** is the third leading cause of fire deaths and the leading cause of injury among people 65 years and older. Be aware of your clothing. Never wear loose, hanging sleeves when at the stove. It is best when cooking to wear short or fitted sleeves. Keep pot holders, towels and curtains away from the stove top. Never leave a pot or pan unattended. If you need to leave the kitchen, first shut the burner off. If a pot is simmering, set the stove timer as a reminder. Put a lid on a stovetop fire to put it out. Never use a stove for heat. Before leaving the house, or going to bed check the stove and make sure the burners and oven are off.

**Electrical fires** are a leading cause of fire deaths among people 65 years and older. Never overload an electrical outlet or power strip; one major appliance per outlet. Electrical cords should not run under rugs or carpeting. Use extension cords temporarily, not long term. For any electrical issues, faulty outlets or wiring make sure to call a licensed electrical to inspect and fix the problem.

US Fire Administration: [www.usfa.fema.gov](http://www.usfa.fema.gov)

Dept. of Fire Services, Office of State Fire Marshal: [www.mass.gov/dfs](http://www.mass.gov/dfs)



# Smoking and Home Oxygen Systems

*"Some People Don't Know When to Quit"*



Many people with respiratory problems now use home oxygen systems. Unfortunately, some people smoke while on oxygen which can be deadly to them and to people around them.

## ***Oxygen Helps Fire Spread Fast!***

Oxygen increases the speed at which things burn once a fire starts. Home oxygen therapy increases the amount of oxygen in the environment. It will saturate clothing, fabric, hair, beards and anything in the area. Even flame-retardant clothing can burn when the oxygen content increases.

- *Never* smoke or light a match while using oxygen.
- Keep all flames and heat sources away from oxygen containers and oxygen systems.
- Do not allow smoking inside of a home where oxygen is used. Even if it is not being used at a particular moment, the home is still an oxygen enriched environment, and fire can get out of hand quickly.

## ***For health care people:***

Before sending a patient home on oxygen, health care providers must make sure the patient understands the dangers of smoking in an oxygen enriched environment. Smokers should be asked about their intentions. If they are unwilling to quit, the risk of fire can outweigh the benefit of oxygen therapy.

## ***Too Many People Injured and Killed***

- On March 27, 2004, a 39-year old Salem woman became disoriented and was overcome by heat and smoke in a fatal apartment fire. A female roommate was using a home oxygen system when a cigarette ignited a piece of bedroom furniture. Six other civilians were injured in the fire.
- On January 13, 2004, the Holbrook Fire Department was called to a fire in a single-family home. A resident used home oxygen for a medical condition and a dropped cigarette ignited the living room couch on fire. Several small explosions occurred when oxygen tanks ruptured from the heat. One

(Over)



## **FireFACTORS**

Office of the State Fire Marshal  
Department of Fire Services

P.O. Box 1025 State Road • Stow, Massachusetts 01775 • (978) 567-3300 • [www.mass.gov/dfs](http://www.mass.gov/dfs)

civilian was treated for smoke inhalation and a firefighter was injured during the fire. Damages from the fire exceeded \$270,000.

- On November 29, 2003, a 56-year old Mashpee woman died in a fire at her home. The woman, a known heavy smoker, was on home oxygen for a respiratory disease.
- On October 22, 2003, a 75-year old Springfield woman suffered burns to her face when she lit her cigarette while her oxygen supply tubing was still on.
- On June 24, 2003, a 71-year old Boston man who used home oxygen died in a flash fire. Even after shutting off the oxygen his clothing and the room was still oxygen-enriched. When he lit his cigarette his clothing suddenly caught fire. His wife and daughter suffered burns on their hands trying to extinguish the flames.
- On October 28, 2002, a fire occurred in the home of a 56-year old Boston man, a smoker with lung disease, utilizing a home oxygen therapy system. The fire, caused by a dropped cigarette, ignited combustibles and caused an oxygen tank to rupture which accelerated the blaze. The fire claimed the life of his 8-year old daughter.

### ***People on home oxygen therapy need to plan and practice home fire escape drills***

Individuals, family members and medical personnel can assist in identifying the patient's physical limitations and assess their ability to escape from the residence on their own in the event of a fire.

#### ***Make sure the home is equipped with working smoke detectors***

- Have the detectors tested at least once a month.
- Change detector batteries at least once a year.
- Specialized smoke detectors are available for the hearing impaired.

#### ***Plan two escape routes from each room***

- Make sure the escape path is clear and remove any obstacles.
- Arrange for special care or assistance if the patient is immobilized.

#### ***Practice the escape plan with the patient at least twice a year***

#### ***Call 911 to summon help if needed***

- Keep a phone by the bed or favorite chair.
- Wear a medical alert alarm.

Since 1997, 18 people have died and more than 30 other individuals have suffered severe burns or smoke inhalation in fires involving people who were smoking while using home oxygen systems.

Please don't become another grim statistic, keep open flames and smoking materials away from oxygen therapy equipment.



## Home Safety for Hearing Impaired

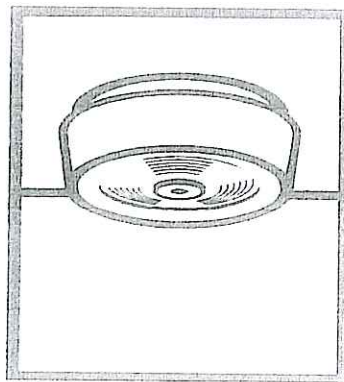
There are millions of Americans who are either deaf or hard of hearing. Chances of surviving a residential fire increase when there is a warning from a smoke alarm. These residents are unable to solely rely on the sound warning of a smoke alarm to alert them of a fire. It is important for the hearing impaired to have flashing smoke alarms with strobe lights or vibrating smoke alarms installed on every level of a home. Alarms should be checked monthly and batteries should be replaced yearly.

Loss of hearing can sometimes limit a person's ability to respond quickly and escape from a burning building. Those who are deaf or hard of hearing should have in place an escape plan. The best plan has two escape routes. The plan should be practiced monthly from every room in the home. Always make sure windows easily open and screens can easily be removed. Never open doors that are hot to the touch. If you encounter smoke, crawl low under the smoke and keep your mouth covered. If any part of you catches on fire, remember the drill "stop, drop and roll".

Contact your local fire department and ask that they keep your address and hearing impairment information on file.

In the case of fire, remember do not waste time trying to save personal property. Get out, call 911 and stay out.

For more information on alternative smoke alarms, contact your local fire department, landlord or property management.



## Fire Safety for the Visually Impaired

Visually impaired people, especially elders, face many obstacles including increased risks of injury or death from fire. Vision loss often can be the cause of a household fire. The first indication of a fire is the smell of smoke or the sense of heat from the fire. Not being able to see the fire hinders the visually impaired person's ability to put it out or safely determine an escape route away from the fire. Visually impaired individuals therefore must take extra safety precautions when it comes to fire emergencies. Fire safety can help improve chances of surviving an emergency.

Smoke alarms should be installed on each level of a home. These alarms should not be high-decibel or continuous. Instead they should have short pauses of silence so that the visually impaired can listen for voices or instructions from other. All alarms should be tested monthly and batteries changed yearly. Speak to family members, landlords, property management or the local fire department regarding installation of these specific featured smoke alarms.

Visually impaired individuals should know where the closest home or building exits are. In a private home, a first floor bedroom is best if possible. In a multi-unit dwelling, a first floor apartment by an exit is safest. If your building does not have Braille or tactile signage, contact the landlord or property management and request this signage be installed. Contact your local fire department and ask that they keep your address and visual impairment information on file.

It is important to have in place an escape plan and practice it often from every room in the home. Always make sure windows easily open and screens can easily be removed. Never open doors that are hot to the touch. If you encounter smoke, crawl low under the smoke and keep your mouth covered. If any part of you catches on fire, drop to the ground and roll over and over.

In the case of fire, remember do not waste time trying to save personal property. Get out, call 911 and stay out.

US Fire Administration: [www.usfa.fema.gov](http://www.usfa.fema.gov)

Haworth, OK Fire Department: [www.haworthfire.com](http://www.haworthfire.com)

Senior Super Stores: [www.seniorsuperstores.com](http://www.seniorsuperstores.com)



# Fire Safety for the Mobility Impaired

For many reasons including longevity, risk taking lifestyles, accidents and lifesaving medical interventions, the mobile impaired is a fast growing population. This population of people with varied needs and capabilities faces many challenges including fire safety. Traditional routes of escape may no longer be viable, limiting chance of escape for those individuals in wheelchairs, or those dependent upon canes and walkers. This population has a high risk of being badly injured or dying in a fire.

Smoke alarms need to be installed in every private home and multi-unit dwelling and public areas. Smoke detectors do save lives. Alarms should be checked monthly and batteries should be replaced yearly. In buildings fire alarms should be mounted at the height (48") accessible by wheelchairs.

Individuals should have in place a safety escape plan. The best plan will depend upon the residence, social setting and degree of reliable assistance. In a single family home, if at all possible, the bedroom should be on the first floor. All doorways need to be wide enough to accommodate a wheelchair or walker. All outside doors must easily open and have exit ramps. Individuals need to know where the exits are and how they will get to them. For those with limited mobility escape through a window may not be possible but it may be a way to signal for assistance. The best plans include a daytime and nighttime with two escape routes. The plan should be practiced monthly from every room in the home. Notify neighbors of your mobility impairment.

In multi-unit buildings, ground floor apartments are safest. Residents must know how to get out of their apartment, where the building exits are and how they will safely get to them. This must be a set plan and practiced monthly. For those above ground level, elevators during a fire are not a safe escape route as they act like a chimney and feed the flames. Alternative escapes must be planned ahead of time and practiced monthly. Because of the American Disability Act multi-unit dwelling must have a designated fire rescue area where the immobile can go for escape assistance. These areas must be by an exit, must be comprised of 60 minute fire resistant material and accommodate 10% of residents on each floor. Residents must know the location of these access areas, how to get to an access area and who is in charge of assistance.

In case escape is delayed it is important to know and practice fire safety rules. Never open doors that are hot to the touch. If you encounter smoke and are physically able, crawl low under the smoke and keep your mouth covered. If any part of you catches on fire and you are physically able, remember the drill to "stop, drop and roll". For individuals in wheelchairs a fire safety tip includes attaching a fire extinguisher to the wheelchair and knowing how to use it. The fire instructions then become "pull, air, squeeze and sweep".

Local fire departments are a tremendous source of information on fire safety and fire emergency planning. Contact your local fire department for information and advice before any fire emergency arises. Let the department know your address, your mobility impairment and your fire safety plan.



American with Disabilities Act: [www.ada.gov](http://www.ada.gov)  
US Fire Administration: [www.usfa.fema.gov](http://www.usfa.fema.gov)  
United Spinal Association: [www.unitedspinal.org](http://www.unitedspinal.org)  
Centers for Independent Living: [www.mtstcil.org](http://www.mtstcil.org)



# Home Safety

Thousands of older Americans are seriously injured, disabled or die due to in home falls. Falls are often due to hazards that can be eliminated by making safety changes in the home.

**Furniture** in all rooms should be arranged to allow for clear paths. It is best to remove all small scatter rugs. If you prefer to have small area rugs make sure to use non-slip padding under the rug. Small articles such as books, magazines and shoes should be kept off the floor and stored out of the way. Electrical cords should be taped down or against the wall. Small objects on the floor and exposed cords are often the cause of a fall.

**Stairwells** should be well lit at the top and bottom. Stairs should always be kept free from clutter. If any step is broken or uneven, make a sign indicating such and call a carpenter to fix it as soon as possible. If there is carpeting on the stairs make sure it is secure and not torn. When walking up and down the stairs, make sure to use the handrails.

**Kitchen** cabinets and closets should be arranged to use the lower shelves that are in easy reach. If you must use a stool to reach items, make sure it is steady and has a bar to hold onto. Never use a chair.

**Bathrooms** should be modified with grab bars next to the toilet and inside the tub. Rubber bath mats or bath strips should be in every tub and shower stall. Make sure in the bathroom there is a light sensitive night light that automatically goes after dark. This will make sure you can see when walking into the bathroom.

**Bedrooms** should follow the furniture, area rug and electric cord and floor clutter suggestions mentioned above. If you use a wheelchair, walker or cane keep them close by the bed for when you need them. There should be a lamp on the night table within easy reach. In case of an emergency there should be a telephone within reach with a ready list of emergency phone numbers. Have eyeglasses available along with a flashlight and an emergency whistle.



Department of Health and Human Services Centers for Disease Control & Prevention:  
[www.cdc.gov](http://www.cdc.gov)

## Tips to Help Prevent Falls

- Keep fit and exercise regularly. Physical activity can go a long way toward fall prevention. Exercise helps keep you stronger and improves balance and coordination.
- Make sure you have your eyes examined regularly. If you need glasses, wear them. Poor vision can increase your chances of having a fall.
- Know all the medications you are taking and any side effects they may have. Know what medicines may make you drowsy and plan your activities accordingly after taking these medications.
- Remember when getting up from sitting or lying down, take it slow and avoid the chance of becoming dizzy.
- Keep your home brightly lit to avoid tripping on objects that are hard to see. Install bright lights in all rooms to reduce shadows and eliminate dark areas.
- Wear well fitted slipper or shoes. High heels, floppy slippers and shoes with slick soles can make you slip, stumble and fall. So can walking in your stocking feet.
- If your physician has suggested you use a cane or walker, make sure you use it and know how to use it properly.

